

Office of the Secretary of Defense

Pt. 77, App. A

APPENDIX A TO PART 77—DD FORM 2580, OPERATION TRANSITION DEPARTMENT OF
DEFENSEOUTPLACEMENT AND REFERRAL SYSTEM/PUBLIC AND COMMUNITY SERVICE INDIVIDUAL
APPLICATION

OPERATION TRANSITION DEPARTMENT OF DEFENSE OUTPLACEMENT AND REFERRAL SYSTEM/ PUBLIC AND COMMUNITY SERVICE INDIVIDUAL APPLICATION		Form Approved OMB No. 0704-0324 Expires Dec 31, 1996																																	
Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0324), Washington, DC 20503.																																			
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN COMPLETED FORM TO YOUR LOCAL MILITARY TRANSITION OFFICE.																																			
PRIVACY ACT STATEMENT																																			
AUTHORITY:		10 U.S.C. 1143, 1144; EO 9397.																																	
PRINCIPAL PURPOSE(S):		To assist separating DoD personnel and their spouses in securing employment. Individuals participating in the Defense Outplacement Referral System (DORS) and Public and Community Service Registry will have their employment skills included in a data base designed to link prospective employers with DORS and Public and Community Service applicants.																																	
ROUTINE USE(S):		To public and private employers (including Federal, State, and local employment agencies and outplacement agencies, public and community service agencies).																																	
DISCLOSURE:		Voluntary; however, failure to provide all requested information will result in applicant data not being included in the system.																																	
If you are an active duty Servicemember, the following information will be added to your job referral form from your official military personnel records, if available: Rank, Years of Service, Most Recent Primary Occupation, and Branch of Service and Security Clearance. Information on race, ethnic background, sex, age, marital status, and religious preference will not be released to employers. Operation Transition is an equal opportunity program (Completion of questions pertaining to the DORS program is voluntary.).																																			
SECTION I - TO BE FILLED OUT BY ALL APPLICANTS (Print or Type)																																			
1. REGISTRATION REQUEST (Check all that apply)																																			
<input type="checkbox"/> DORS ONLY		<input type="checkbox"/> PUBLIC AND COMMUNITY SERVICE ONLY																																	
<input type="checkbox"/> BOTH																																			
2a. NAME (Last, First, Middle Initial)		2b. SOCIAL SECURITY NUMBER																																	
3. DATE AVAILABLE FOR WORK (YYMMDD)		4. FILING STATUS (X all that apply)																																	
		<input type="checkbox"/> a. MILITARY (Branch of Service) <input type="checkbox"/> (1) Army <input type="checkbox"/> (3) Marine Corps <input type="checkbox"/> (2) Navy <input type="checkbox"/> (4) Air Force																																	
		<input type="checkbox"/> b. SPOUSE OF ACTIVE DUTY MILITARY OR CIVIL SERVICE EMPLOYEE <input type="checkbox"/> YES <input type="checkbox"/> NO																																	
		5. U.S. CITIZEN (X one)																																	
		<input type="checkbox"/> YES <input type="checkbox"/> NO																																	
6. ADDRESS (For next 6 months) (Street, City, State, Country, and Zip Code) AND TELEPHONE NUMBER (Include Area Code)																																			
a. ADDRESS LINE 1		f. COUNTRY CODE																																	
b. ADDRESS LINE 2		g. FOREIGN ZIP CODE																																	
c. CITY		h. U.S. TELEPHONE NUMBER																																	
d. STATE		i. FOREIGN TELEPHONE NUMBER																																	
e. U.S. ZIP CODE																																			
7a. JOB TYPE PREFERENCES (See Instructions for job codes) (Enter one digit per block)		8. REGIONAL WORK PREFERENCE (See Instructions) (Enter one digit per block)																																	
<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. SPECIFIC WORK PREFERENCES (Nearest large town or city within commuting distance - does not have to be in region)																																			
a. STATE		b. CITY																																	
(1) <input type="text"/>		(1) <input type="text"/>																																	
(2) <input type="text"/>		(2) <input type="text"/>																																	
10. HIGHEST EDUCATION LEVEL ACHIEVED (X one)																																			
<input type="checkbox"/> a. Non-High School Graduate <input type="checkbox"/> b. High School Graduate or GED <input type="checkbox"/> c. Less than 2 years of college <input type="checkbox"/> d. Associate Degree or equivalent <input type="checkbox"/> e. Less than 4 years of college		<input type="checkbox"/> f. Bachelor's Degree <input type="checkbox"/> g. Post Bachelor's Degree <input type="checkbox"/> h. Master's Degree <input type="checkbox"/> i. Post Master's Degree <input type="checkbox"/> j. Doctorate Degree																																	
11. YEAR ACHIEVED		12. SUBJECT OF DEGREE (If applicable)																																	
		13. COLLEGE/UNIVERSITY FROM WHICH DEGREE ACHIEVED (If applicable)																																	

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14. PERSONAL INFORMATION (See Instructions). (Please provide no more than 10 lines (76 spaces per line; maximum of 760 spaces). Database limitations do not permit entering additional personal information.)										
S A M										
SECTION II - SPOUSE (Military Member - Go to Section III)										
15. SPONSOR DATA										
a. NAME (Last, First, Middle Initial)	b. SOCIAL SECURITY NUMBER									
16. YOUR JOB HISTORY (See Instructions for job codes) (Enter one digit per block)										
a. JOB CODE (1) CURRENT JOB (2) PRIOR JOB (3) PRIOR JOB	b. LENGTH OF TIME JOB HELD <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">YEARS</td> <td style="width: 33%;">MONTHS</td> <td style="width: 33%;"></td> </tr> <tr> <td style="width: 33%;">YEARS</td> <td style="width: 33%;">MONTHS</td> <td style="width: 33%;">MONTHS</td> </tr> <tr> <td style="width: 33%;">YEARS</td> <td style="width: 33%;">MONTHS</td> <td style="width: 33%;">MONTHS</td> </tr> </table>	YEARS	MONTHS		YEARS	MONTHS	MONTHS	YEARS	MONTHS	MONTHS
YEARS	MONTHS									
YEARS	MONTHS	MONTHS								
YEARS	MONTHS	MONTHS								
17. HAVE YOU EVER HELD A SUPERVISORY POSITION? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO										
18. HAVE YOU EVER HELD A SECURITY CLEARANCE? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO										
SECTION III - ALL APPLICANTS MUST READ AND SIGN										
19. AUTHORIZATION I hereby authorize release of the data on this form to civilian agencies and / or private organizations for employment purposes. If I am a civil service employee or an active duty service member, I also authorize the release of data from extracts of my computerized personnel records.										
a. SIGNATURE	b. DATE SIGNED (YYMMDD)									

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OPERATION TRANSITION DEPARTMENT OF DEFENSE OUTPLACEMENT AND REFERRAL SYSTEM/PUBLIC AND COMMUNITY SERVICE INDIVIDUAL APPLICATION					
DETAILED INSTRUCTIONS					
SECTION I - TO BE FILLED OUT BY ALL APPLICANTS					
<p>If you are a service member, complete items 1 through 14 and item 19 in their entirety. You do not need to fill out items 15 through 18. They will be extracted from your personnel records. It is important that you verify the accuracy of these records prior to entering this program to ensure that the information that is put on your resume is accurate. If you are a spouse, you must complete all items on the form.</p>					
Item 1. Place an X next to the program(s) you wish to register for. If you selected the early retirement option, you must X Public and Community Service or both.					
Item 2a. Name. Print/type your name, last name first.					
Item 2b. SSN. Enter your Social Security Number.					
Item 3. Date Available for Work. Enter the date you will be available for work as year, month, day (YYMMDD). Availability should not be beyond 6 months from the current date.					
Item 4. Filing Status. Place an X in the box that applies.					
Item 5. Citizenship. If you are a U.S. citizen, X the YES box. If not, X the NO box.					
Item 6. Address and Telephone Number. Print/type the address and telephone number where you can be contacted during the next three months.					
Item 7. a. Job Type Preferences. Enter up to three codes from the Guideline of Standard Occupation Classification (SOC) Codes, FIPS Pub 92, that most closely match(es) the type of job(s) you are seeking/qualified to perform.					
b. If you select yes, your primary occupational description will be included in your resume. Select no if you do not want your primary occupational description included.					
Item 8. Regional Work Preference. Refer to the regional preference list below, and enter the two-digit code for the geographical area in which you are seeking employment.					
REGION 0 Only the specific cities selected	REGION 5 Indiana Kentucky Michigan Ohio	REGION 10 California Oregon Washington			
REGION 1 Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	REGION 6 Iowa Minnesota Montana North Dakota South Dakota Wisconsin	REGION 11 Alaska			
REGION 2 Delaware New Jersey New York Pennsylvania	REGION 7 Illinois Kansas Missouri Nebraska	REGION 12 American Samoa Hawaii Guam			
REGION 3 District of Columbia Maryland North Carolina South Carolina Virginia West Virginia	REGION 8 Arkansas Louisiana Oklahoma Texas	REGION 13 Anywhere in the U.S.A.			
REGION 4 Alabama Florida Georgia Mississippi Tennessee Virgin Islands	REGION 9 Arizona Colorado Idaho Nevada New Mexico Utah Wyoming	REGION 14 Outside the U.S.A.			
REGION 15 Anywhere					
Item 9. Specific Work Preferences. Enter your first and second work location preferences. Refer to the list below and enter the two-letter abbreviation for the state and print / type the name of the largest city within commuting distance of where you want to work for your first and second work preferences. These cities do not have to be in the region chosen in item 8.					
STATE Alabama Alaska Arizona Arkansas California Colorado Connecticut Delaware District of Columbia Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas	CODE AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS	STATE Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska Nevada New Hampshire New Jersey New Mexico New York North Carolina	CODE KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC	STATE North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming	CODE ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY
Item 10. Highest Education Level Achieved. X the box which most closely matches your highest education level achieved.					
Item 11. Year Achieved. Enter the year you achieved item 10.					
Item 12. Subject of Degree. Print/type the degree achieved (if applicable) in item 10 (e.g. BS, Mechanical Engineering; BA, Western Civilization; MS, Physics; etc.).					
Item 13. College/University. Print/type the name of the college/university where item 10 was obtained if applicable.					
Item 14. Personal Information. Print/type in this space any information about yourself you feel would help you obtain a job in the field you are searching. All information in this space will be printed verbatim on your DDPS resume. If you are seeking a job in a field other than your primary military duty this information is the most important since it will comprise a majority of your resume. Carefully choose your words and grammar. Examples: <ul style="list-style-type: none">• Fluent in Chinese, Russian and Spanish• Virginia State licensed electrician• 14 years experience in personnel management• Owned personal computer training business, Jones Computer Training• American Society of Mechanical Engineers member					
SECTION II - SPOUSE					
This section is to be completed only by spouses of military and DoD civilians whose personnel files are not kept by the government.					
Item 15. Sponsor Data.					
a. Name. Print/type your sponsor's name, last name first.					
b. SSN. Enter your sponsor's Social Security Number.					
Item 16. Your Job History.					
a. Job Codes. Consult the Guideline for Standard Occupational Classification (SOC) Codes, FIPS Pub 92, and enter the job codes that most closely match the previous three jobs you held.					
b. Length of Time Job Held. Enter the number of years and months the job was held (03 years, 09 months).					
Item 17. Supervisory Experience. If you have supervisory experience, X the YES box. If not, X the NO box.					
Item 18. Security Clearance. If you had a security clearance, X the YES box. If not, X the NO box.					
SECTION III					
All applicants must sign and date. Turn in the completed form to the transition assistance office.					